

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$98.34 for dates of service 02/22/01 and 03/22/01?
b. The request was received on 02/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 12/03/01
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary for date of service 03/22/01
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 03/14/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

3. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "On DOS 3-22-01, we billed a Depo-Medrol (J1030, 40mg, 1 unit) charge, in the amount of \$40.00. This a very expensive drug, and there is no generic form available. The insurance company only reimbursed us a total of \$4.66. The reimbursement does not begin to cover our costs.
Also, on DOS 2-22-02, we billed a charge for \$63.00 (an office visit [99213], and a form fee for a TWCC-73 [99080]). We have not been reimbursed for these charges to date."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 02/22/01 and 03/22/01.

2. The Carrier's denial on the submitted EOB for date of service 03/22/01 is PAYU-"THIS PROCEDURE/SERVICE CODE IS REIMBURSED BASED ON YOUR STATE WORKERS COMPENSATION MEDICAL FEE SCHEDULE.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/22/01	J1040	\$40.00	\$4.66	PAYU	DOP	MFG SGR (I)(E)(4)(d)	Medical documentation indicates that the services were rendered for the DOS in dispute. The carrier has denied this charge based on the TWCC fee schedule. This code is a HCPCS code and therefore has no MAR. The carrier did not respond to the dispute. The provider submitted an invoice indicating that their cost was \$18.23 for each 40mg vial plus 20% profit equal to \$21.88. This indicates that the provider is willing to accept \$21.88 as a fair and reasonable rate. Therefore, additional reimbursement in the amount of (\$21.88 - \$4.66 already paid)= \$17.22 is recommended
02/22/01	99213	\$48.00	\$0.00	No EOBs	\$48.00	TWCC Rule 133.307 (f)(3)	The provider did not submit any EOBs for this date of service in dispute, or convincing evidence of carrier receipt of employee request for reimbursement according to the referenced rule. Therefore, reimbursement is not recommended.
02/22/01	99080-73	\$15.00	\$0.00	No EOBs	DOP	TWCC Rule 133.307 (f)(3)	The provider did not submit any EOBs for this date of service in dispute, or convincing evidence of carrier receipt of employee request for reimbursement according to the referenced rule. Therefore, reimbursement is not recommended.
Totals		\$103.00	\$4.66				The Requestor is entitled to reimbursement in the amount of \$17.22.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$17.22 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 28th day of May 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.